2019-12.A 28400 8

Telecommunications Carriers AUTHORIZED UTILITY REPRESENTATIVE FORM								
CERTIFICATED COMPANY INFORMATION								
Company Name: American Telecommunications Systems, Inc				FEIN/SSN				
DBA/FKA:				Telephone # 330-649-9265				
Mailing Address: 107 W Michigan Ave, 4th Floor								
City: Kalamazoo		State: MI		ZIP Code: 49007				
ILEC	IXCX		CLEC		Wireless ETC			
REGISTERED AGENT INFORMATION								
Registered Agent: B Allston Moore Jr.								
Mailing Address: 5 Exchange Street								
City: Charleston		State: SC		ZIP Code: 49401				

As required by Commission rules and regulations Print or type company contact person and contact information for the areas listed below:

	UTILITY	REPRESENTATIVE INFO	RMATION	
General Manager				
Name: Bill Stathakaros				
Address: 4884 Dressler Road,	Suite A			
City: Canton		State: OH	ZIP Code: 44718	
Phone: 330-649-9265	Email: ats@	gats-firstcall.com Fax: 330-649-9275		
Emergency Contact - N	on Office Hou	rs	•	
Name: Bill Stathakaros				
Phone: 330-649-9265	Email: ats@	ats-firstcall.com	Fax: 330-649-9275	
Customer Relations/Co				
Name: Bill Stathakaros	The second secon			
Address: 4884 Dressler Road	, Suite A			
City: Canton		State: OH	ZIP Code: 44718	
Phone: 330-649-9265	Email: ats@	ats-firstcall.com	Fax: 330-649-9275	
Complaints Rep for Cor	nplaint Escala	tion		
Name: Bill Stathakaros				
Address: 4884 Dressier Road	d, Suite A	4 - 40 - 10 - 10 - 10 - 10 - 10 - 10 - 1		
City: Canton		State: OH	ZIP Code: 44718	
Phone: 330-649-9265	Email: ats@	ts-firstcall.com Fax: 330-649-9275		
Customer Toll Free Cor	ntact Number:	800-964-4245		
Engineering Operation	s			
Name:			DECEMB	
Address:			RECEIVE	
City:		State:	ZIP Code:	
Phone:	Email:	A designation of the second control of the s	Fax: APR 04 2019	
Test and Repair			PSC SC	
Name:	· · · · · · · · · · · · · · · · · · ·		MAIL / DMS	
Address:				
City:		State:	ZIP Code:	
Phone:	Email:	**************************************	Fax:	

UTILITY REPRESENTATIVE INFORMATION							
Regulatory Officer							
Name & Title: Bill Stathakaros							
Address: 4884 Dressler Road Suite	A						
City: Canton	State: OH		ZIP Code: 44718				
Phone: 330-649-9265	Email: ats@	ats-firstcall.com	Fax: 330-649-9275				
Annual Report Form Mailin	gs						
Name & Title: Amenda Gucich, S	enior Complia	ince Specialist					
Address: 107 W Michigan Ave, 4th	Floor						
City: Kalamazoo		State: MI	ZIP Code: 49007				
Phone: 269-381-8888	Email: cont	ect@nationwideregulatorycompliance.com	Fax: 269-381-4855				
Dual Party Invoice Mailing	8						
Name & Title: Amanda Gucich, S	Senior Compli	ance Specialist					
Address: 107 W Michigan Ave, 4th	n Floor						
City: Kalamazoo		State: MI	ZIP Code: 49007				
Phone: 269-381-888	Email: conta	ct@nationwideregulatorycompliance.com	Fax: 269-381-4855				
Universal Service Fund Ma	ilings						
Name & Title: Amanda Gucich, S	Senior Compli	ance Specialist					
Address: 107 W Michigan Ave, 4	h Floor						
City: Kalamazoo		State: MI	ZIP Code: 49007				
Phone: 269-381-8888	Email: conta	Email: contact@nationwideregulatorycompliance.com Fax: 269-381-4855					
Gross Receipts Mailings							
Name & Title: Amanda Gucich,	Senior Compli	ance Specialist					
Address: 107 W Michigan Ave, 4	h Floor						
City: Kalamazoo		State: MI	ZIP Code: 49007				
Phone: 269-381-8888	Email: contact@nationwideregulatorycompliance.com Fax: 269-381-4855						
Lifeline Contact							
Name & Title: n/a							
Address:							
City:	State:		ZIP Code:				
Phone:	Email:		Fax:				

FORM PREPARER INFORMATION				
This form was completed by Amanda Gucich				
Signature: Signature:				
Title: Senior Compliance Specialist	Date: 03/21/19			

RETURN COMPLETED FORM TO:

Public Service Commission of SC Docketing Department

101 Executive Center Drive, Suite 100

Columbia, SC 29210

Office of Regulatory Staff

AND Attn. Kari Munn

1401 Main Street, Suite 800

Columbia, SC 29201